

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036991

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 242 Primary Registration District No. 5830 Registrar's No. 21

STATE FILE NUMBER

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN Sikeston	
Length of stay in 1b 20 yr		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home R.R. 4 Sikeston		d. STREET ADDRESS (If outside, give location) Route 4	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Noble H. Malone			4. DATE OF DEATH Month Day Year 10 10 1963		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-95	9. AGE (last birthday) 68	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scott Conhry Milling Co.			10b. KIND OF BUSINESS OR INDUSTRY Tenn		
11a. FATHER'S NAME Noble Malone			11b. MOTHER'S MAIDEN NAME Annie Green		
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			13. SOCIAL SECURITY NO. [REDACTED]		
14. NAME OF HUSBAND OR WIFE Laura Malone			15. ADDRESS Laura Malone Route 4 Sikeston, Mo		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death appeared to be from Natural causes. Died while sitting in chair DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kathryn L. Mc Bain Local Reg.		22b. ADDRESS Morehouse, Mo.	
22c. DATE SIGNED 10-11-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10-13-63		23c. NAME OF CEMETERY OR CREMATORY Pettus	
23d. LOCATION (City, town, or county) Lexington		23e. STATE Ala	
24. FUNERAL DIRECTOR Delta Funeral Chappel Sikeston, Mo		25. DATE RECD. BY LOCAL REG. 10-11-63	
26. REGISTRAR'S SIGNATURE Kathryn L. Mc Bain			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10720
2 07202
3
4 0
5 1
6
7 1
8 2
9 7954
10
11
12 40-5
13 60

OCT 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edgar McMillan

Licensed Embalmer No. *9695*

P. O. Address *Charlotte, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.